



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
Individual and Isolated Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 05 Carbon			District: 0059 Bridger K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	2316	No	Loyning, Paul & Jean	4.25	_____
2	2317	No	Zentner, Darren & Krystal	0.40	_____
2	2318	No	Weimer, Catherine & Kevin	0.75	_____
2	2319	No	Murray, Sonia L	9.25	_____